## MEDICARE-MEDICAID COORDINATED PLAN (MMCP) AND DEVELOPMENTAL DISABILITY (DD) SERVICES FREQUENTLY ASKED QUESTIONS

Answer
Participants enrolled in the MMCP Program will have coverage and integration of Medicare and Medicaid benefits through one entity. This means one set of comprehensive benefits, one entity to coordinate delivery of services, one insurance card to access both Medicare and Medicaid benefits, and a single care management team that develops care plans and coordinates care. Currently, the MMCP is administered by Blue Cross of Idaho (BCI). The name of the plan is the True Blue Special Needs Plan (SNP).
Every participant who self-directs their DD services and is enrolled in the True Blue SNP will have an Interdisciplinary Care Team (ICT) through the health plan. The ICT will include the ICT care manager and the participant and/or guardian. Additional providers and specialists are added as needed and requested by the ICT care manager and participant. The ICT care manager serves as the participant's central point of contact for services provided through the True Blue SNP. An ICT care manager ensures a member receives the right care and information, while working directly with the member's family and healthcare providers.
<ul> <li>All medically-necessary and preventive services covered under Medicare Part A, Part B, and Part D prescription drug coverage, as well as additional services covered by Medicaid.</li> </ul>
<ul> <li>Additional services over and above original Medicare/Medicaid such as:</li> <li>Care Coordination</li> <li>Vision</li> <li>Call-in 24-Hour Nurse</li> </ul>

Question	Answer
	> Fitness Benefit
How can participants find out more information about the True Blue SNP?	Call customer service toll free at (888) 495-2583 or TTY (800) 377-1363. Customer service representatives are available from 8 a.m. to 8 p.m., seven days a week. Information about the True Blue SNP can also be accessed on the internet at <a href="https://www.truebluesnp.com">www.truebluesnp.com</a> .
Is level of care eligibility determined differently if a participant enrolls in the True Blue SNP?	No, DD participants who enroll in the True Blue SNP will have their DD and ICF/ID level of care eligibility determined in the same way as DD participants who do not enroll in the True Blue SNP.
Will participants enrolled in the True Blue SNP still have a budget assigned to them to purchase DD services?	Yes, DD participants who enroll in the True Blue SNP will have their DD budget calculated and assigned in the same way as DD participants who do not enroll in the True Blue SNP.
Is the health plan responsible for authorizing my DD service plan?	No, DD participants enrolled in the True Blue SNP will continue to have their DD service plan reviewed and prior authorized through the Bureau of Developmental Disability Services (BDDS). However, participants who access traditional DD services enrolled in the True Blue SNP will have their Targeted Service Coordination (TSC) services (plan development, plan monitoring, and service coordination) approved and provided by the health plan.
How do TSC services get managed through the True Blue SNP for participants accessing Traditional DD services?	The health plan will be responsible for determining how many units of plan development, plan monitoring, and TSC services a participant will be approved to receive during their plan year. A participant's TSC must be employed by a targeted service coordination agency that is enrolled as a health plan network provider.
What happens to TSC services if a participant transitions to the True Blue	When a DD participant accessing traditional services transitions to the True Blue SNP sometime during their DD service plan year, the health plan is required to maintain their TSC services at the current level and with their current provider for

Question	Answer
SNP before the current plan year ends?	the remainder of the participant's existing DD service plan year.
Will TSC services be delivered differently for participants enrolled in the True Blue SNP?	The health plan must ensure that DD service plan development, plan monitoring, and targeted service coordination services comply with all applicable IDAPA rules, including the use of BDDS approved processes, manuals, and templates.
How do Durable Medical Equipment (DME), Occupational Therapy (OT), Physical Therapy (PT) and Speech-Language Pathology (SLP) services get costed on my DD service plan?	The health plan is responsible for providing certain medical benefits that get included as costs on a participant's DD service plan. The cost of these benefits has been incorporated into the DD budget methodology and includes DME, PT, OT and SLP services being accessed to address a participant's developmental disability.  For participants accessing Traditional DD services, DME, OT, PT and SLP services will be identified on a participant's DD service plan and costed according to the reimbursement rates identified on the Idaho Medicaid fee schedule. The health plan will be responsible for approving the type and frequency of these services. The
	participant would then access these services using their True Blue SNP medical card.  For participants accessing Consumer-Directed DD services, DME, OT, PT and SLP services can be accessed in one of two ways:
	<ol> <li>A participant can access DME, PT, OT or SLP services directly through their True Blue SNP. These services would then be identified on a participant's DD service plan and costed according to the Idaho Medicaid fee schedule. The health plan will be responsible for approving the type and frequency of these services. The participant would then access these services using their True Blue SNP medical card.</li> <li>A participant can access DME, PT, OT or SLP services outside the health plan through a Community Support Worker (CSW) or vendor. These services would then be costed on the participant's DD service plan according to what was agreed to in the CSW employment or vendor agreement. The CSW or vendor</li> </ol>

Question	Answer
	will then be paid through an invoice or timesheet submitted to their fiscal employment agency (FEA).
Does the ICT care manager need to review the participant's DD service plan?	Before a participant's DD service plan is submitted to BDDS for review, the ICT care manager will be required to sign off on the participant's DD service plan. The ICT care manager's signature will serve as verification that services provided by the health plan do not duplicate or contraindicate services being requested on the DD service plan. A participant's DD service plan will continue to be approved or denied through BDDS.
How does a participant who self-directs their services get the ICT care manager to sign off on their DD service plan?	One of the required duties of a self-directing participant's support broker is to develop a Support and Spending Plan (SSP). Obtaining the signature of the ICT care manager on the SSP is a component of developing the service plan for a participant enrolled in the True Blue SNP. A participant will need to determine how much time the support broker will need to complete this task, in addition to the time required to complete other tasks associated with developing the SSP. The 'hours per year', 'cost per hour' and 'annual cost' associated with developing the SSP gets entered on the My Support Broker Authorization Page of the SSP. A support broker can find out who a participant's ICT care manager is by calling the True Blue SNP customer service toll free at (888) 495-2583 or TTY (800) 377-1363

MMCP FAQs (7/14)